



Department of Human Services  
120 North 200 West  
Salt Lake City, UT 84103  
(801) 538-4001

## ATTACHMENT A

### CONFLICT OF INTEREST - DISCLOSURE STATEMENT

Does any employee  
in your organization  
have a conflict of  
interest or potential  
conflict of interest?

**YES**

*(Please use a separate form for each employee with  
a conflict or potential conflict, and complete all  
applicable portions of the form. Attach additional  
sheets as needed.)*

**NO**

*(Please complete the signature section below.)*

### Dual Employment *(The notary section of this form must be completed for all dual employment conflicts of interest.)*

Name of individual with dual employment:

Title or position with the State of Utah or political  
subdivision:

Title or position with the Contractor:

Nature and value of the individual's interest in  
Contractor's business entity:

Individual's decision-making authority with the  
Contractor and with the State:

How does the Contractor protect DHS from  
potentially adverse effects resulting from this  
individual's Conflict of Interest?

### Related-Party Transactions or Independent Judgment Impaired

Name and position or title  
of individual with Conflict  
of Interest:

(individual associated  
with Contractor):

(individual associated  
with other party):

Relationship between identified individuals:

Description of transaction involving identified  
individuals and dollar amount (if any):

Decision-making authority of individuals with respect to  
that transaction:

Potential effect on this Contract with DHS:

How does the Contractor protect DHS from potentially  
adverse effects resulting from this identified Conflict of  
Interest?

### Name of Contractor:

#### Signature:

I hereby certify that the information I have given is true  
and complete to the best of my knowledge.

\_\_\_\_\_  
(Name and Title of Person Completing Form)

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

#### Notary: *(Must be completed for all dual employment conflicts of interest)*

STATE OF \_\_\_\_\_ )

\_\_\_\_\_ : ss.

COUNTY OF \_\_\_\_\_ )

SUBSCRIBED to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

(Seal)

NOTARY PUBLIC \_\_\_\_\_

Commission Expires \_\_\_\_\_

DHS/\_\_\_\_\_ Action: \*☐ Approve ☐ Deny \*\*☐ Refer to BIRA Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DHS/\_\_\_\_\_ Action: \*☐ Approve ☐ Deny \*\*☐ Refer to BIRA Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DHS/\_\_\_\_\_ Action: \*☐ Approve ☐ Deny \*\*☐ Refer to BIRA Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*"Approve" means the Agency has no reason to question the accuracy of a "no conflicts" declaration or, in those situations where a conflict has been declared, that the Agency has taken sufficient action to determine the facts declared by the Contractor do not constitute a prohibited conflict of interest.

\*\*DHS may refer any questions regarding potential Conflicts of Interest to the DHS Bureau of Internal Review and Audit ("BIRA").

BIRA Action Upon DHS/ Referral: ☐ Approve ☐ Deny ☐ Other: \_\_\_\_\_

Revision Date: April 23, 2004